

APPENDIX 4-1

HEALTH AND HUMAN SERVICES SMALL, HUBZONE SMALL, SMALL DISADVANTAGED AND WOMEN-OWNED SMALL BUSINESS SUBCONTRACTING PLAN OUTLINE

The following outline meets the minimum requirements of Public Law 95-507 and the Federal Acquisition Regulation (FAR) Subparts 19.7. It is intended to be a guideline. It is not intended to replace any existing corporate plan which is more extensive. If assistance is needed to locate small business sources, contact the Director, Office of Small Business Programs (202) 622-0530 or the OPDIV Small Business Specialist (XXX) XXX-XXXX. Please note that the Department of Health and Human Services (HHS) has subcontracting goals of ____% for small business, ____% for HUBZone small business, ____% for small disadvantaged business, and ____% for women-owned small business concerns for fiscal year _____. For this procurement, the DHHS expects all proposed subcontracting plans to contain the following goals, at a minimum, for small business ____%, for HUBZone small business concerns ____%, for small disadvantaged business ____%, and for women-owned small business ____%. These percentages shall be expressed as percentages of the total available subcontracting dollars.

IDENTIFICATION DATA:

Company Name: _____

Address: _____

Date Prepared: _____ Solicitation Number: _____

Item/Service: _____

Place of Performance: _____

1. TYPE OF PLAN: (Check only one)

_____ **INDIVIDUAL PLAN:** In this type of plan all elements are developed specifically for this contract and are applicable for the full term of this contract.

_____ **MASTER PLAN:** In this type of plan, goals are developed for this contract; all other elements are standard. The master plan must be approved every three (3) years. Once incorporated into a contract with specific goals, it is valid for the life of the contract.

_____ **COMMERCIAL PLAN:** This type of plan is used when the contractor sells products and services customarily used for non-government purposes. Plan/goals are negotiated with the initial agency on a company-wide basis rather than for individual contracts. The plan is effective only during year approved. The contractor must provide a copy of the initial agency approval, AND MUST SUBMIT AN ANNUAL SF-295 TO HHS WITH A BREAKOUT OF SUBCONTRACTING PRORATED FOR HHS (WITH A OPDIV BREAKDOWN, IF POSSIBLE).

2. GOALS:

FAR 19.704(a)(1) requires separate dollar and percentage goals for using small business concerns, HUBZone small business concerns, small disadvantaged business concerns, and women-owned small business concerns as subcontractors for the base year and each option year. (Please note that the goals for HUBZone small business, small disadvantaged business, and women-owned business concerns are sub-sets of the small business goal).

APPENDIX 4-1 Subcontracting Plan Outline

- A. Estimated dollar value of all planned subcontracting, i.e., to all types of business concerns under this contract is:

FY_____	FY_____	FY_____	FY_____	FY_____
BASE_____	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- B. Estimated dollar value* and percentage of planned subcontracting to small business concerns is: (**This figure includes the amount in C., D., and E. below.*)

FY_____	FY_____	FY_____	FY_____	FY_____
BASE_____	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- C. Estimated dollar value and percentage of planned subcontracting to HUBZone small business concerns is:

FY_____	FY_____	FY_____	FY_____	FY_____
BASE_____	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- D. Estimated dollar value and percentage of planned subcontracting to small disadvantaged business concerns is:

FY_____	FY_____	FY_____	FY_____	FY_____
BASE_____	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

- E. Estimated dollar value and percentage of planned subcontracting to small women-owned business concerns is:

FY_____	FY_____	FY_____	FY_____	FY_____
BASE_____	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION**</u>
\$_____	\$_____	\$_____	\$_____	\$_____

****IF ANY CONTRACT HAS MORE THAN FOUR OPTIONS, PLEASE ATTACH ADDITIONAL SHEETS SHOWING DOLLAR AMOUNTS AND PERCENTAGES.**

- F. Supplies and/or services to be subcontracted under this contract, business size (i.e., SB, HUBZone, SDB, WOSB, and LB), and the estimated dollar expenditure, are: (Check all that apply).

SUPPLY/ SERVICE (IF KNOWN)	COMPANY NAME (SB, HUBZONE, SDB, WOSB, LB)	BUSINESS SIZE	DOLLAR AMOUNT
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(Attach additional sheets if necessary.)

- G. Explain the methods used to develop the subcontracting goals for small, HUBZone small business, small disadvantaged, and women-owned small business concerns. Explain how the product and service areas to be subcontracted were established, how the areas to be subcontracted to small, HUBZone small business, small disadvantaged, and women-owned small businesses were determined, and how the capabilities of small, HUBZone small, small disadvantaged, and women-owned small businesses were determined. Identify all source lists used in the determination process.

- H. Indirect and overhead cost _____ HAVE BEEN
 _____ HAVE NOT BEEN
 included in the dollar and percentage subcontracting goals stated above. (Check one.)

- I. If indirect and overhead costs HAVE BEEN included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, HUBZone small, small disadvantaged, and women-owned business concerns.

3. PLAN ADMINISTRATOR:

FAR 19.704(a)(7) requires information about the company employee who will administer the subcontracting program. Please provide the name, title, address, phone number, position within the corporate structure and the duties of that employee.

Name: _____
 Title: _____
 Address: _____
 Telephone: _____
 Position: _____

Duties: Does the individual named above perform the following? (If NO is checked, please indicate who in the company performs those duties, or indicate why the duties are not performed in your company).

- A. Developing and promoting company/division policy statements that demonstrate the company's/division's support for awarding contracts and subcontracts to small, HUBZone small, small disadvantaged, and women-owned small business concerns.
_____YES _____NO
- B. Developing and maintaining bidders' lists of small, HUBZone small, small disadvantaged, and women-owned small business concerns from all possible sources.
_____YES _____NO
- C. Ensuring periodic rotation of potential subcontractors on bidders' lists.
_____YES _____NO
- D. Assuring that small, HUBZone small, small disadvantaged, and women-owned small businesses are included on the bidders' list for every subcontract solicitation for products and services they are capable of providing.
_____YES _____NO
- E. Ensuring that subcontract procurement "packages" are designed to permit the maximum possible participation of small, HUBZone small, small disadvantaged, and women-owned small businesses.
_____YES _____NO
- F. Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, HUBZone small, small disadvantaged, and women-owned small business participation.
_____YES _____NO
- G. Ensuring that the subcontract bid proposal review board documents its reasons for not selecting any low bids submitted by small, HUBZone small, small disadvantaged, and women-owned small business concerns.
_____YES _____NO
- H. Overseeing the establishment and maintenance of contract and subcontract award records.
_____YES _____NO
- I. Attending or arranging for the attendance of company counselors at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, etc.
_____YES _____NO
- J. Directly or indirectly counseling small, HUBZone small, small disadvantaged, and women-owned small business concerns on subcontracting opportunities and how to prepare responsive bids to the company.
_____YES _____NO
- K. Providing notice to subcontractors concerning penalties for misrepresentations of business status as small, HUBZone small, small disadvantaged, or women-owned small business for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the contractor's subcontracting plan.
_____YES _____NO

- L. Conducting or arranging training for purchasing personnel regarding the intent and impact of Public Law 95-907 on purchasing procedures.
 _____YES _____NO
- M. Developing and maintaining an incentive program for buyers which supports the subcontracting program.
 _____YES _____NO
- N. Monitoring the company's performance and making any adjustments necessary to achieve the subcontract plan goals.
 _____YES _____NO
- O. Preparing and submitting timely reports.
 _____YES _____NO
- P. Coordinating the company's activities during compliance reviews by Federal agencies.
 _____YES _____NO

4. EQUITABLE OPPORTUNITY

FAR 19.704(a)(8) requires a description of the efforts your company will make to ensure that small, HUBZone small, small disadvantaged, and women-owned small business concerns will have an equitable opportunity to compete for subcontracts. (Check all that apply.)

A. Outreach efforts to obtain sources:

- _____ Contacting minority and small business trade associations
 _____ Contacting business development organizations
 _____ Attending small and minority business procurement conferences and trade fairs
 _____ Finding sources from the Small Business Administration's Procurement Network ProNet).

B. Internal efforts to guide and encourage purchasing personnel:

- _____ Presenting workshops, seminars and training programs
 _____ Establishing, maintaining and using small, HUBZone small, small disadvantaged and women-owned small business source lists, guides and other data for soliciting subcontracts
 _____ Monitoring activities to evaluate compliance with the subcontracting plan

C. Additional efforts: (Please describe.)

5. CLAUSE INCLUSION AND FLOW DOWN

FAR 19.704(a)(9) requires that your company include FAR 52.219-8, "Utilization of Small Business Concerns", in all subcontracts that offer further subcontracting opportunities. Your company must require all subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) to adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan."

Your company agrees that the clause will be included and that the plans will be reviewed against the minimum requirements for such plans. The acceptability of percentage goals for small, HUBZone small, small disadvantaged, and women-owned small business concerns must be determined on a case-by-case basis depending on the supplies and services involved, the availability of potential small, HUBZone small, small disadvantaged, and small women-owned subcontractors and prior experience. Once the plans are negotiated, approved, and implemented, the plans must be monitored through the submission of periodic reports, including Standard Form SF-294 and SF-295 reports.

6. REPORTING AND COOPERATION

FAR 19.704(a)(10) requires that your company (1) cooperate in any studies or surveys as may be required, (2) submit periodic reports which show compliance with the subcontracting plan; (3) submit Standard Form SF-294, "Subcontracting Report for Individual Contracts," and SF-295, "Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensure that subcontractors agree to submit SF-294 and SF-295. The cognizant contracting officer of the HHS OPDIV must receive the report(s) within 30 days after the close of each calendar period. That is:

<u>Calendar Period</u>	<u>Report Due</u>	<u>Date Due</u>	<u>Send Report To</u>
10/01--03/31	SF 294	04/30	OPDIV Contracting Officer
04/01--09/30	SF 294	10/30	OPDIV Contracting Officer
10/01--09/30	SF 295	10/30	OPDIV Contracting Officer

NOTE: A copy of the 295 report must also be sent to the Director, Office of Small Business Development, Department of Health and Human Services (HHS). The address is as follows:

Department of Health and Human Services
Attn: Director, Office of Small Business Development
1500 Pennsylvania Avenue, N.W.
(Attn: 1310 G/400 West)
Washington, DC 20220

7. RECORDKEEPING

FAR 19.704(a)(11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. (Check all that apply.) (If NO is checked, please indicate why these types of records are not maintained).

- A. Small, HUBZone small, small disadvantaged, and women-owned small business concerns source lists, guides, and other data identifying such vendors.
_____ YES _____ NO
- B. Organizations contacted for small, HUBZone small, small disadvantaged, and women-owned business sources.
_____ YES _____ NO

- C. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000 which indicate for each solicitation (1) whether small business concerns were solicited, and if not, why not; (2) whether HUBZone small business concerns were solicited, and if not, why not; (3) whether small disadvantaged business concerns were solicited, and if not, why not; (4) whether women-owned small business concerns were solicited, and (5) reasons for the failure of solicited small, HUBZone small, small disadvantaged, and women-owned business concerns to receive the subcontract award.
 _____ YES _____ NO
- D. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conference and trade fairs.
 _____ YES _____ NO
- E. Records to support internal activities to (1) guide and encourage purchasing personnel, e.g., workshops, seminars, training programs, incentive awards; and (2) monitor activities to evaluate compliance.
 _____ YES _____ NO
- F. On a contract-by-contract basis, records to support subcontract award data including the name, address and business size and ownership status (HUBZone, SDB, WOSB, etc.) of each subcontractor. (This item is not required for company or division-wide commercial plans.)
 _____ YES _____ NO
- G. Other records to support your compliance with the subcontracting plan: (Please describe)

8. TIMELY PAYMENTS TO SUBCONTRACTORS

FAR 19.702 requires your company to establish and use procedures to ensure the timely payment of amounts due pursuant to the terms of your subcontracts with small business concerns, HUBZone small business concerns, small disadvantaged business concerns, and women-owned small business concerns.

Your company has established and uses such procedures:
 _____ YES _____ NO

9. DESCRIPTION OF GOOD FAITH EFFORT

Maximum practicable utilization of small, HUBZone small, small disadvantaged and women-owned small business concerns as subcontractors in Government contracts is a matter of national interest with both social and economic benefits. When a contractor fails to make a good faith effort to comply with a

subcontracting plan, these objectives are not achieved, and 15 U.S.C. 637(d)(4)(F) directs that liquidated damages shall be paid by the contractor. In order to demonstrate your compliance with a good faith effort to achieve the small, HUBZone small, small disadvantaged, and women-owned small business subcontracting goals, **outline the steps your company plans to take**. These steps will be negotiated with the contracting officer prior to approval of the plan.

10. SIGNATURES REQUIRED

This subcontracting plan was SUBMITTED by:

Signature: _____
Typed Name: _____
Title: _____
Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Contracting Officer
Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Small Business Specialist
Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Small Business Administration Representative
Date: _____

This subcontracting plan was APPROVED by:

Signature: _____
Typed Name: _____
Title: Director, Office of Small Business Programs (or designee)
Date: _____

This subcontracting plan was ACCEPTED by:

Signature: _____
Typed Name: _____
Title: Contracting Officer
Date: _____

APPENDIX 4-2

SUBCONTRACTING PLAN REVIEW CHECKLIST (October, 1999)

All items on this checklist should be completed with information from the proposed prime contract and the subcontracting plan. If the plan is missing any item listed in Section II, "Required Elements of the Subcontracting Plan", it is incomplete and may not be accepted by the Contracting Officer. After the completed plan is reviewed, it shall be submitted to the OPDIV Small Business Specialist and the SBA Procurement Center Representative (PCR) prior to submission to the Director, Office of Small Business Development for approval. The subcontracting plan must be approved by the Director, Office of Small Business Development or designee and accepted by the Contracting Officer prior to contract award.

Contract Number _____ Contract Value: Base _____ Options _____

Expiration Date: _____ Base _____ Options _____

Principal Supply or Service _____

Contractor _____

Address _____

I. TYPE OF SUBCONTRACTING PLAN (check one)

Individual Contract Plan _____
Master Plan with Individual Goals _____
Commercial Plan _____

II. REQUIRED ELEMENTS OF THE SUBCONTRACTING PLAN YES NO

A. PLAN ADMINISTRATOR

1. Administrator's Name _____

Telephone # _____

2. Description of his/her duties relating to the administration of this subcontracting plan _____

B. EFFORTS TO ENSURE EQUITABLE OPPORTUNITY

Description of efforts to assure that small, HUBZone small, small disadvantaged, and women-owned small businesses have an equitable opportunity to compete for subcontracts _____

C. CLAUSE INCLUSION AND FLOW DOWN

1. FAR 52.219-8 will be included in all subcontracts which offer further subcontracting Opportunities _____

2. Subcontractors, except small businesses, who receive subcontracts over the applicable threshold (\$500,000 or \$1,000,000) will adopt a similar subcontracting plan _____

D. REPORTING AND COOPERATION

1. Agreement to submit SF-294 and SF-295 reports _____

APPENDIX 4-2 - Subcontracting Plan Review Checklist

	<u>YES</u>	<u>NO</u>
2. Agreement to cooperate in studies, surveys, etc. conducted by the ACO, PCO, SBA and others	_____	_____
E. <u>RECORD KEEPING</u>		
1. Description of records maintained to show compliance with plan requirements and procedures	_____	_____
2. Source lists and vendor data on SB, HUBZone, SDB, VOSB, SDVOSB, and WOSB concerns	_____	_____
3. Lists of organizations contacted for sources	_____	_____
4. For each contract, bidder's lists on subcontract solicitations over \$100,000 (explain absence of SB, HUBZone, SDB, WOSB concerns) and reasons if responding SB, HUBZone, SDB, VOSB, SDVOSB, and WOSB failed to receive award	_____	_____
5. Efforts made to develop SB, HUBZone, SDB, VOSB, SDVOSB, and WOSB sources	_____	_____
6. Description of buyer training and monitoring	_____	_____
7. For other than Commercial Plans, on each subcontract, name, address size and business type of	_____	_____
F. <u>DESCRIPTION OF GOOD FAITH EFFORTS TO ACHIEVE THE PLAN</u>	_____	_____

G. GOALS

	<u>BASE YEAR</u>	<u>1ST OPTION</u>	<u>2ND OPTION</u>	<u>3RD OPTION</u>	<u>4TH OPTION</u>
1. <u>Total Subcontracting</u>					
	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____
	\$_____ <u>100%</u>	\$_____ <u>100%</u>	\$_____ <u>100%</u>	\$_____ <u>100%</u>	\$_____ <u>100%</u>
2. <u>Small Business Subcontracting (sub-set of item 1)</u>					
	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____
3. <u>HUBZone Small Business Subcontracting (sub-set of item 2)</u>					
	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____
4. <u>Small Disadvantaged Business Subcontracting (sub-set of item 2)</u>					
	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____
5. <u>Women-Owned Business Subcontracting (sub-set of item 2)</u>					
	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____	\$_____ %_____

APPENDIX 4-2 - Subcontracting Plan Review Checklist

6. Description of subcontracted items and services:

	<u>YES</u>	<u>NO</u>
7. Description of method of developing goals	___	___
8. Are overhead and other indirect costs included in the plan goals?	___	___
9. If yes, description of method allocating these costs to the plan	___	___
10. Description of method of identifying sources to solicit	___	___
11. Timely payments to subcontractors	___	___

III. PLAN EVALUATION

A. Sources checked to determine contractor compliance with previous subcontracting plans and verify reasonableness of proposed goals:

1. SBA Regional Procurement Assistance Staff
2. Defense Contract Management Command (DCMC) Small Business Specialist:
Rating: _____
3. Other Agency Contracting Officers:

	<u>YES</u>	<u>NO</u>
B. Copy of approval letter for Commercial Plan	___	___
C. Copy of letter approving administrative elements of Master plan	___	___
D. Master Plan includes separate goals	___	___
E. Plan demonstrates the Contractor's good faith efforts to use small, HUBZone small small disadvantaged, and women-owned small businesses as subcontractors to the maximum extent practicable	___	___

Contracting Officer Date:

Small Business Specialist Date:

SBA/PCR Concurrence Date:

APPENDIX 4-3

SUBCONTRACTING PLAN EVALUATION WORKSHEET

INSTRUCTIONS: A narrative explanation is suggested, where specified, and for all "No" answers to "Yes" or "No" questions

Questions 1 through 3 apply to **Master Subcontracting Plans** only.

YES NO

1. Does the contractor have an approved Master Subcontracting Plan?
2. If yes, do you have a copy of the Master Plan?
3. If yes, do you have a copy of the lead agency contracting officer's approval?

The remaining questions should be answered for **all** plans.

4. Were comments of the OPDIV SBS requested and used in this evaluation?
5. Was the SBA Procurement Center Representative (if any) given the opportunity to review the plan?
6. Were comments of the cognizant contract administration officer (CAO) requested and used in this evaluation?
7. How did the cognizant CAO rate this contractor's overall Small (SB) HUBZone Small, Small Disadvantaged Business (SDB), and Women-Owned Small Business (WOSB) Subcontracting **Program?** **(Circle one)**
1. Outstanding 2. Above Average 3. Average 4. Below Average 5. Unacceptable 6. Unknown

8. If the contractor's program was rated "unacceptable," detail the reason(s) for the rating:

9. If the contractor's plan was rated "unacceptable," detail the reason(s) for the rating:

10. If the contractor's plan was rated "unacceptable," detail **your rationale** for finding the contractor in compliance with PL 95-507 and the FAR:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 11. Does the contractor propose separate SB HUBZone, SDB and WOSDB percentage goals? | _____ | _____ |
| 12. Does the contractor express the goals as a percentage of total planned subcontracting Dollars? | _____ | _____ |
| 13. Does the contractor state the total dollars planned to be subcontracted ? | _____ | _____ |
| 14. Does the contractor state the total dollars planned to be subcontracted to SB concerns ? .. | _____ | _____ |
| 15. Does the contractor state the total dollars planned to be subcontracted to HUBZone Small concerns ? | _____ | _____ |
| 16. Does the contractor state the total dollars planned to be subcontracted to SDB concerns ? | _____ | _____ |
| 17. Does the contractor state the total dollars planned to be subcontracted to WOSB concerns ? | _____ | _____ |
| 18. Does the contractor describe the principal product and service areas to be subcontracted to All businesses? | _____ | _____ |
| 19. Does the contractor describe the product and service areas where SB, HUBZone, SDB and WOSB concerns will be considered for subcontract awards? | _____ | _____ |
| 20. Does the contractor describe the method used to develop the goals? | _____ | _____ |
| 21. Does the contractor include indirect or overhead costs as an element in developing goals? | _____ | _____ |
| 22. If yes, does the contractor describe the <u>method</u> used to determine the proportionate share of the indirect and overhead costs for this contract? | _____ | _____ |
| 23. Does the contractor describe the method used to locate and identify SB, HUBZone, SDB and WOSB sources to solicit for subcontracts under this procurement? | _____ | _____ |
| 24. Does the contractor provide the name and describe the duties of the individual who will administer the subcontracting plan? | _____ | _____ |
| 25. Does the contractor describe the efforts it will make to assure that SB, HUBZone, SDB, and WOSDBU concerns will have an equitable opportunity to compete for subcontracts? | _____ | _____ |
| 26. Does the contractor describe in detail the steps it will take to achieve the objective of the subcontracting plan? | _____ | _____ |
| 27. Does the contractor include the clause at FAR 52.219-8, "Utilization of Small Business Concerns," in all subcontracts which offer further subcontracting opportunities? | _____ | _____ |

	<u>YES</u>	<u>NO</u>
28. Does the contractor require all subcontractors except SB concerns to adopt a subcontracting plan in consonance with FAR 52.219-9 for all appropriate subcontractors?	_____	_____
29. Does the contractor provide assurance that it will submit required subcontracting report forms in accordance with the instructions on the forms?	_____	_____
30. Does the contractor provide assurance that it will require its lower tier subcontractors to submit reports?	_____	_____
31. Does the contractor provide assurance that it will cooperate in any studies or surveys as may be required to determine compliance with the plan?	_____	_____
32. Does the contractor provide assurance that records will be maintained?	_____	_____
33. Does the contractor's recitation of the types of records include:		
a. SB, HUBZone, SDB and WOSDB source lists?	_____	_____
b. Efforts to identify and award subcontracts to SB, HUBZone, SDB and WOSB firms?	_____	_____
c. Organizations contacted for SB, HUBZone, SDB and WOSB sources including:		
- Contacts with SB, HUBZone, SDB and WOSB trade associations?	_____	_____
- Contacts with business development organizations?	_____	_____
- Attendance at SB, HUBZone, SDB and WOSB procurement conferences and trade fairs?	_____	_____
d. Records to support internal activities to guide buyers, including:		
- Workshops, seminars and training programs?	_____	_____
- Monitoring activities to evaluate compliance?	_____	_____
e. On a contract-by contract basis, records on all subcontract solicitations over \$100,000 indicating on each solicitation:		
- Whether SB was solicited and if not, why not?	_____	_____
- Whether HUBZone was solicited and if not, why not?	_____	_____
- Whether SDB was solicited and if not, why not?	_____	_____
- Whether WOSB was solicited and if not, why not?	_____	_____
- The reason for failure of a responding SB, HUBZone, SDB, VOSB, SDVOSB, and WOSB to receive the subcontract award?	_____	_____
f. Records on a contract-by-contract basis to support award data including name, address, size and ownership status of each subcontractor?	_____	_____
34. In support of SB, HUBZone, SDB and WOSB programs, does the contractor's subcontracting plan identify:		
a. Company-wide policy statements?	_____	_____
b. Written procedures and instructions?	_____	_____
c. Assignments specific responsibilities regarding this program?	_____	_____

APPENDIX 4-3 - Subcontracting Plan Evaluation Worksheet

	<u>YES</u>	<u>NO</u>
d. Continuing management interest and involvement through the use of progress reviews and corporate and division goals?	_____	_____
e. A program to train and motivate personnel to support subcontracting with SB, HUBZone, SDB and WOSB firms?	_____	_____
f. Assistance to SB, HUBZone, SDB and WOSB concerns to facilitate their participation?	_____	_____
g. That the contractor provides adequate and timely consideration of the potential of SB, HUBZone, SDB and WOSB concerns in make-or-buy decisions?	_____	_____
35. Does the subcontracting plan provide for the contractor to counsel and discuss subcontracting opportunities with SB, HUBZone, SDB and WOSB concerns?	_____	_____
36. Does the contractor have a system to ensure timely payment of amounts due pursuant to the terms of its subcontracts with SB, HUBZone, SDB and WOSB concerns?	_____	_____
37. Does the plan provide the maximum practicable opportunity for SB, HUBZone, SDB, and WOSB participation ?	_____	_____
38. Is the subcontracting plan as submitted acceptable?	_____	_____
39. If the plan is unacceptable, has the contractor been notified of the deficiencies in writing? . . .	_____	_____
40. Should an incentive clause (FAR 52.219-10) be included in this contract? If not, why not?	_____	_____

APPENDIX 4-4

SAMPLE SUBCONTRACTING PLAN TRANSMITTAL MEMORANDUM

(Date)

MEMORANDUM TO: (Name)
Small Business Specialist

FROM: (Name)
Contracting Officer

SUBJECT: Review of Subcontracting Plan for Small, HUBZONE Small, Small
Disadvantaged, and Women-Owned Small Business Concerns from
(Contractor Name) Solicitation/Contract No. _____
Modification/Option No. _____

Please review the subject plan in accordance with the requirements of FAR 19.705-4.

1. Acquisition Description: _____
2. Supplies/services not specifically covered in the subcontracting goals in the plan which may have been discussed between the contract specialist/contracting officer and the contractor: _____
3. Total contract amount including all options: \$ _____
Amount for each option: \$ _____
4. Remarks: _____

For further information, please contact me at (telephone number).

Enclosure(s):
Copy of Subcontracting Plan
Copy of Cost Proposal (if needed)
Copy of Statement of Work (if needed)

THIS SHEET IS INTENTIONALLY LEFT BLANK

APPENDIX 4-5

SAMPLE TRANSMITTAL LETTER TO SBA

(Date)

Area Director
Office of Government Contracting
Small Business Administration
Region (*insert number*)
(Address)

In accordance with FAR 19.705-6(a), enclosed is a copy of the small, HUBZone small, small disadvantaged, and women-owned business subcontracting plan for contract (*insert number*) with (*insert name of company*) located in your region. The total estimated value of the contract is (*insert total estimated value, including options*); the expiration date of the last option period is (*insert date*).

Please direct any questions to (*administrative contracting officer*) on telephone (*insert number*).

Sincerely,

Contracting Officer

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APPENDIX 4-6

SUBCONTRACTING PERFORMANCE EVALUATION REPORT

TO: OPDIV Small Business Specialist

DATE:

Reporting Period: From: _____ To: _____

Was Report submitted timely? YES _____ NO _____

Contract No.: _____ Type of Contract: _____

Contractor's Name & Address: _____

Contract Award Date: _____ Option Date: From: _____ To: _____

Contract Completion Date: _____

Description of Procurement _____

Is the Contractor meeting subcontracting goals to date?
(Please attach a copy of the SF-294 and/or SF-295 to this report).

- A) Small Business Goal met? YES [] NO []
Negotiated Contract Percentage Goal _____ %
Negotiated Contract Dollar Goal \$ _____
Cumulative Actual Percentage Performed _____ %
Cumulative Actual Dollar Performed \$ _____
- B) HUBZone Small Business Goal met? YES [] NO []
Negotiated Contract Percentage Goal _____ %
Negotiated Contract Dollar Goal \$ _____
Cumulative Actual Percentage Performed _____ %
Cumulative Actual Dollar Performed \$ _____
- C) Disadvantaged Business Goal met? YES [] NO []
Negotiated Contract Percentage Goal _____ %
Negotiated Contract Dollar Goal \$ _____
Cumulative Actual Percentage Performed _____ %
Cumulative Actual Dollar Performed \$ _____
- D) Women-Owned Business Goal met? YES [] NO []
Negotiated Contract Percentage Goal _____ %
Negotiated Contract Dollar Goal \$ _____
Cumulative Actual Percentage Performed _____ %
Cumulative Actual Dollar Performed \$ _____

If ANY answer to the above questions is "NO", please explain why goal(s) was/were not met. Give corrective action taken by the Administrative Contracting Officer and the contractor to assure that goal(s) will be accomplished by contract completion. (If necessary use reverse).

Name of Contracting Officer/Administrator: _____

Signature/Date: _____

Telephone Number: _____

Small Business Specialist Concurrence: _____

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APPENDIX 4-7

SAMPLE DELINQUENCY NOTICE

(Date)

Company Name
Address

Dear:

I'm writing to you today in reference to the required subcontract plan reports (SF-294/SF-295) to be submitted under contract _____. More than ten (10) calendar days have elapsed from the required due date of the _____.
(Insert form number and title of required report(s)) - in some cases it might be both the SF-294, Subcontracting Report for Individual Contracts and the SF-295, Summary Subcontracting Report).

Failure to submit this report is a material breach of the above named contract. If the above report(s) is/are not received within ten (10) calendar days from the date of this notice. I will consider withholding payments as deemed appropriate under the circumstances until the report is received. I may also take action under the termination for default proceedings.

I also must remind you that failure to submit the report(s) may affect your ability to receive future contract awards from the HHS and its OPDIVs. Noncompliance information will be included in the HHS Past Performance Database. A willful failure to perform or a history of failure to perform may also result in debarment from future contracting with the Government.

The report(s) named above should be sent to _____.
(Insert the contracting officer's name and complete mailing address). If you have any further questions in this matter, please contact me at _____**(Insert phone number).**

Sincerely,

Contracting Officer

cc: (OPDIV SBS)

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APPENDIX 4-8

FINAL SUBCONTRACTING PERFORMANCE EVALUATION REPORT

TO: OPDIV Small Business Specialist

DATE:

Reporting Period: From: _____ To: _____

Was Report submitted timely? YES _____ NO _____

Contract No.: _____ Type of Contract: _____

Contractor's Name & Address: _____

Contract Award Date: _____ Option Date: From: _____ To: _____

Contract Completion Date: _____

Description of Procurement _____

Did the Contractor meet his subcontracting goals?

(Please attach any narrative on reasons why goals were not met under this contract).

- A) Small Business Goal met? YES [] NO []
Negotiated Contract Percentage Goal _____ %
Negotiated Contract Dollar Goal \$ _____
Cumulative Actual Percentage Performed _____ %
Cumulative Actual Dollar Performed \$ _____
- B) HUBZone Small Business Goal met? YES [] NO []
Negotiated Contract Percentage Goal _____ %
Negotiated Contract Dollar Goal \$ _____
Cumulative Actual Percentage Performed _____ %
Cumulative Actual Dollar Performed \$ _____
- C) Disadvantaged Business Goal met? YES [] NO []
Negotiated Contract Percentage Goal _____ %
Negotiated Contract Dollar Goal \$ _____
Cumulative Actual Percentage Performed _____ %
Cumulative Actual Dollar Performed \$ _____
- D) Women-Owned Business Goal met? YES [] NO []
Negotiated Contract Percentage Goal _____ %
Negotiated Contract Dollar Goal \$ _____
Cumulative Actual Percentage Performed _____ %
Cumulative Actual Dollar Performed \$ _____

If ANY answer to the above questions is "NO", please explain why goal(s) was/were not met. Give corrective action taken by the Administrative Contracting Officer and the contractor to meet the goal(s). (If necessary use reverse).

Name of Contracting Officer/Administrator: _____

Signature/Date: _____

Telephone Number: _____

Small Business Specialist Concurrence: _____